



Lakeland R.C.S.S.D. No. 150
HOLY FAMILY CATHOLIC SCHOOL
REGISTRATION FORM
5124 – 51 STREET, WASKATENAU, AB T0A 3P0
PHONE: (780) 358-2332 FAX: (780) 358-2439



| | | |
|--|---------------------------------|----------------------------------|
| Student Legal Surname <small>(As shown on birth certificate)</small> | Student Legal First Name | Student Legal Middle Name |
| | | |

| | | | | |
|------------------------------|----------------------------------|---------------------|-----------------|----|
| Also Known As Surname | Also Known As Other Names | Phone Number | Unlisted | |
| | | | Yes | No |

| | | | | | | | | | | |
|--------------|--------------------------|---------------|---------------------------------|-------------------------------|----------------------|----------------------|----------------------|----------------------|------------|----------------------|
| Grade | <input type="checkbox"/> | Gender | <input type="checkbox"/> Female | <input type="checkbox"/> Male | Date of Birth | <input type="text"/> | <input type="text"/> | <input type="text"/> | Age | <input type="text"/> |
| | | | | | <small>Month</small> | <small>Day</small> | <small>Year</small> | | | |

| | |
|--------------------------------|--------------------|
| Current Mailing Address | |
| | Postal Code |

| | |
|--|------------|
| Residential Address <small>(If different than mailing)</small> | |
| | PMQ |

| | |
|-----------------------------|--|
| School Last Attended | |
|-----------------------------|--|

| | | |
|------------------|--------------|--------------|
| Town/City | Prov. | Phone |
|------------------|--------------|--------------|

(A copy of the student's birth certificate or visa documentation is required for all students entering the district for the first time.)

PARENT/GUARDIAN

| | | | | | | | | | | |
|----------------------------|-------------|--------------------------|-------------|--------------------------|------|--------------------------|----------|--------------------------|----------------------|--------------------------|
| Student Lives with: | Father Only | <input type="checkbox"/> | Mother Only | <input type="checkbox"/> | Both | <input type="checkbox"/> | Guardian | <input type="checkbox"/> | Living Independently | <input type="checkbox"/> |
|----------------------------|-------------|--------------------------|-------------|--------------------------|------|--------------------------|----------|--------------------------|----------------------|--------------------------|

| | |
|------------------------|--|
| Other (explain) | |
|------------------------|--|

| | | | | |
|--------------------------|-----------------------------|-----------------|------------------------------------|--------------------------------|
| Mother/Guardian | | Religion | Catholic: <input type="checkbox"/> | Other <input type="checkbox"/> |
| <small>(Surname)</small> | <small>(Given Name)</small> | | | |

| | |
|--|--|
| Address <small>(if different from student's)</small> | |
|--|--|

| | | | | |
|------------------|-------------|-----------------------|-----------------------|---------------------|
| Telephone | (780) _____ | (780) _____ | _____ | _____ |
| | | <small>(Res.)</small> | <small>(Work)</small> | <small>Ext.</small> |
| | | <small>Cell</small> | | |

| | |
|-----------------------|--|
| E-mail Address | |
|-----------------------|--|

| | | | | |
|--------------------------|-----------------------------|-----------------|------------------------------------|--------------------------------|
| Father/Guardian | | Religion | Catholic: <input type="checkbox"/> | Other <input type="checkbox"/> |
| <small>(Surname)</small> | <small>(Given Name)</small> | | | |

| | |
|--|--|
| Address <small>(if different from student's)</small> | |
|--|--|

| | | | | |
|------------------|-------------|-----------------------|-----------------------|---------------------|
| Telephone | (780) _____ | (780) _____ | _____ | _____ |
| | | <small>(Res.)</small> | <small>(Work)</small> | <small>Ext.</small> |
| | | <small>Cell</small> | | |

| | |
|-----------------------|--|
| E-mail Address | |
|-----------------------|--|

CONTACT PERSONS

| | | | |
|--|--|--------------|-------------|
| Emergency Contact Person <small>(if parents unavailable)</small> | | Phone | (780) _____ |
|--|--|--------------|-------------|

| | | | |
|----------------------------|--|--------------|-------------|
| Baby-sitter/Daycare | | Phone | (780) _____ |
|----------------------------|--|--------------|-------------|

MEDICAL

| | | | |
|----------------------|--|---------------|-------------|
| Family Doctor | | Phone: | (780) _____ |
|----------------------|--|---------------|-------------|

On Medication Yes No (If yes, please advise school principal.)

Please indicate specific medical conditions your child may have, of which the school should be made aware: _____

I hereby affirm that I have read this registration form and the following Notification of Use and understand how this information will be used. I affirm that the information given on this registration form is complete and correct. As indicated by my signature below, I hereby freely and voluntarily consent to have the information provided by me accessible as indicated and to abide by the philosophy, policies and regulations of the Lakeland R.C.S.S.D. No. 150.

Signature of Parent/Guardian

Date

Notification of Use:

The information requested on this form is collected under the authority of the School Act, its Student Record Regulation, Alberta's Freedom of Information and Protection of Privacy Act, and the Canadian Charter of Rights and Freedom, Section 23. If you have any questions regarding the collection, use or disclosure of this information, please contact your school principal or Secretary-Treasurer, FOIP Coordinator, Lakeland R.C.S.S.D. No. 150 at 4810-46 Street, Bonnyville, Alberta T9N 2R2, or phone (780) 826-3764 or fax (780) 826-7576.

COPYRIGHT PERMISSION FORM

I hereby grant permission to Lakeland R.C.S.S.D. No. 150

On behalf of _____
(Name of student)

to (please check appropriate boxes):

- a. record and tape my child
- b. display any of my child's works
- c. reproduce any of my child's works
- d. allow newspaper photos and/or citation of my child
- e. allow my child's name on the radio for birthdays

which are produced during the school year, for non-profit, educational and/or promotional purposes. I understand the production(s)/work(s) may be shown at education displays during board sponsored open houses, in-service sessions and other school related activities at school or school board sites or at school board sponsored displays in the community, or used in a school.

Signed this _____ day of _____, 20_____
Signature of Parent/Guardian

FIELD TRIP PARENTAL CONSENT FORM – MULTIPLE DATE EVENTS

This is to advise you that Holy Family Catholic School intends to involve your child (the "student") in an off-campus activity (the "field trip") where there are similar events on a series of dates, the particulars of which are as follows:

| | |
|---|---|
| Proposed Destinations and Purpose(s): | Nature Walks, Community Exploration Walks, "Walk the Talk" Road Safety, Fund Raising Events eg: Terry Fox Run, etc. |
| Date(s) and Time(s): | Throughout the year. Specific Times will be given in newsletters or student agendas |
| Supervision: | Teachers, teacher assistants and approved volunteer parents |
| Associated Risks: | Low to medium risk. |
| Costs, if any: | Varies, the teacher will notify parents if there is an associated cost. |
| Required clothing or equipment: | As Required by Weather |
| Note: Parents/Guardians will be notified as to the nature, date and time of the walking field trip prior to the date of said trip. | |

No student will be allowed to participate in the field trips unless this form is signed and returned to the school prior to the first date of the event. If you require additional information, please phone the school at (780) 358-2332.

Having read and understood the particulars of this specific Field Trip Consent Form (multiple date events), I give permission for my son/daughter _____
(Student name) to participate in the above-mentioned activities, which will happen according to the schedule provided.

By signing this form and permitting my son/daughter to participate in these Field Trips, I/we, as parent(s)/guardian(s) – both for myself/ourselves and on behalf of our son/daughter- acknowledge that we are aware of the risks associated with these Field Trips, and agree to release and hold harmless the Lakeland R.C.S.S.D. No. 150, the School, and their respective agents, servants and employees, from and against any and all claims for damages or bodily injuries arising out of my/our son's/daughter's participation in these above authorized Field Trips.

Please note:

Field trips shall be self-supporting. Parents are responsible for paying any unrecoverable travel costs if the field trip is cancelled due to safety concerns such as inclement weather, or with respect to other travel advisories or alerts, which may be issued by a recognized body.

Signature of Parent/Guardian

Date

The information collected on this form is collected pursuant to the Freedom of Information and Protection of Privacy Act of Alberta, to be used to organize and coordinate a school field trip. If you have any questions about the collection, use or disclosure of the information collected on this form please contact Lakeland R.C.S.S.D. No. 150 at (780) 826-3764.

ACCESS, RELEASE AND AUTHORIZATION FORM FOR STUDENTS

(Note: All Policies/Regulations referred to below are available on the District website (www.lcsd150.ab.ca) or your child's school office)

As a condition of using the LCSD150Net, I understand the use of the LCSD150Net, and access to public networks (ie. The Internet) is a privilege, and agree to the following:

1. I will abide by such regulations as adopted by the Lakeland R.C.S.S.D. #150, including the LCSD150Net, including the LCSD150Net Acceptable Use Policy, and the District's Computer Security Policy.
2. The Lakeland R.C.S.S.D. #150 has the right to review any material stored on any system provided by the District, and to edit or remove any material. I hereby waive any right which I may otherwise have to such material.
3. All information and services available on the Internet and the LCSD150Net are placed there for informational purposes. I use LCSD150Net at my own risk.
4. The Lakeland R.C.S.S.D. #150 does not warrant the function of the LCSD150Net, or any services accessible through the LCSD150Net, to meet any specific requirements I may have, or that LCSD150Net will be error free or uninterrupted. Lakeland R.C.S.S.D. #150 staff are not liable for any damages incurred in connection with use, operation, or inability to use the LCSD150Net.
5. In consideration for using the LCSD150Net, and having access to public networks, I hereby release the Lakeland R.C.S.S.D. #150, its officers, employees, and agents from any claims and damages arising from my use, or inability to use the LCSD150Net.
6. I have read and agree to comply with the Acceptable Use Policy. I also understand that any violation of the regulations is unethical and may constitute a criminal offence. Should I commit any violation, my access privileges may be revoked and disciplinary action taken.

Student Name: _____
(please print)

Student Signature: _____ **Date:** _____
(month/day/year)

(If you are under the age of 18, a parent/guardian must also read and sign this agreement.)

PARENT/GUARDIAN:

As the parent/guardian of this student, I have read the Acceptable Use Policy and Access Release and Authorization Form. I understand that this access is designed for educational purposes, and recognize that it is impossible for the District to restrict access to all controversial materials. I will not hold the Lakeland R.C.S.S.D. No. 150 responsible for materials acquired on the network. Further, I accept full responsibility for supervision if and when my child's use of technology is not in a school setting. I hereby give permission for my child to access the Internet (and to be issued a personal network account and password, where applicable) and certify that the information on this form is correct.

Parent/Guardian Name: _____
(please print)

Signature of Parent/Guardian: _____ **Date:** _____
(month/day/year)

NOTICE TO PARENT OR GUARDIAN OF RELIGIOUS PERMEATION

The *Alberta Human Rights Act* requires a school board to give notice to a parent or guardian when courses of study, educational programs, institutional materials, instruction or exercises include subject matter that deals primarily and explicitly with religion.

All of the school in this district are Catholic Separate Schools, the essential purpose of which is to fully permeate Catholic theology, philosophy, practices and beliefs, the principles of the Gospel and teachings of the Catholic Church, in all aspects of school life, including in the curriculum of every subject taught, both in and outside of formal religion classes, celebrations and exercises.

Every course of study and educational program, all institutional materials, instruction and exercises will at all times include subject matter that deals primarily and explicitly with religion.